

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10/582084	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2		/					52						
3							53						
4							54						
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6	/						56						
7		/					57						
8			/				58						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	4		↓		↓		TOTAL IND.		↓		↓		
TOTAL DEP.	12	←		←		←	TOTAL DEP.		←		←		
TOTAL CLAIMS	14	████████		████████		████████	TOTAL CLAIMS		████████		████████		